

## DENIAL OF PATERNITY BY ALLEGED NATURAL FATHER

### In or Out of California

#### Instructions:

1. These instructions apply to the alleged natural father whether signing in California or outside the state or country.
2. This form may be used in both the agency and independent adoption programs..
3. When signed by the alleged natural father in the presence of a representative of the California Department of Social Services (CDSS), a California adoption agency licensed by CDSS, or an authorized out-of-state adoption agency, the form shall be witnessed and signed by the Department or agency representative. Signing before a notary is not necessary.
4. When signed in the presence of a person other than an agency or Department representative, the form shall be notarized.

I, \_\_\_\_\_, having been alleged to be the father of the  
NAME OF ALLEGED NATURAL FATHER  
 child of \_\_\_\_\_ born on \_\_\_\_\_/to be born, state that I am not  
NAME OF MOTHER DATE  
 the father of this child. I understand that this denial of paternity means that I will be given no further notice of adoption planning for this child which includes notice of court hearings. I understand that any parental rights I may have toward this child will continue until the court issues an order of adoption, or an order terminating my parental rights, whichever occurs first. I understand that the court may enter an order terminating my parental rights without further notice to me. I understand any parental responsibility I may have toward this child, including the responsibility to pay child support if so ordered by a court, will continue until an order of adoption, or an order terminating my parental rights, whichever occurs first, has been issued by the court. I understand that if I change my mind after signing this form, I may not revoke or rescind this denial of paternity and that my only recourse is court action.

DATE	SIGNATURE OF ALLEGED NATURAL FATHER
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#### Signed in the presence of:

SIGNATURE OF AUTHORIZED REPRESENTATIVE
CDSS, CA ADOPTION AGENCY OR AUTHORIZED OUT-OF-STATE AGENCY
COUNTY
ADDRESS

——— OR\* ———

State of \_\_\_\_\_ )

)

County of \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_, a Notary Public,  
 personally appeared \_\_\_\_\_ proved to me on the basis of satisfactory evidence to be  
NAME OF ALLEGED NATURAL FATHER  
 the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

\_\_\_\_\_  
 Signature (Seal)

\* (Notarize only when signed in presence of person other than agency representative)